



City of Columbus
Mayor Michael B. Coleman

Columbus Health Department
Vital Statistics
240 Parsons Avenue
Columbus, OH 43215-5331
Phone: (614) 645-7331 Fax: (614) 645-0730



**APPLICATION FOR CERTIFIED COPIES OF BIRTHS AND DEATHS
OCCURRING IN FRANKLIN COUNTY ONLY**

_____ Number of birth certificates – \$20 each

_____ Number of death certificates – \$20 each

For department use only:

Reg # _____

Microfilm date: _____

Aff/Supp Mf Date: _____

Walk-in requests received after 4:15 p.m. will be processed the next business day. No exceptions!!

Print information about requested certificate:

First name		Middle name	Last name on certificate	
Place of event (i.e. birth, death) FRANKLIN COUNTY			City, Village or Township	Date of event (i.e. birth, death) / / Month Day Year
Social Security number (for death certificate only)		Name of hospital or funeral home	Any corrections/changes made to this certificate? No Unknown Yes (list):	
Parents Mother's first name		Mother's last name prior to first marriage		
Father's first name		Father's last name		
How are you paying? _____ Cash/check/money order (Make checks payable to: The Columbus City Treasurer) _____ Debit/credit card (Extra \$6.00 service charge). Orders received after 3:30 p.m. will be processed the next business day. Card # Expiration Date: / /			Complete if you want mailed: _____ Send regular mail _____ Send overnight delivery within U.S. – Add \$17.50 _____ Overnight delivery must be paid by credit card.	
Your signature:		Date: / / 200	Phone #: ()	

This section must be filled out for all requests:

Your Name:
Your Address:
Your City/State/Zip: